

IN THE JUSTICE COURT

_____ PRECINCT, MARICOPA COUNTY, STATE OF ARIZONA

CASE NUMBER: _____

PLAINTIFF: _____	DEFENDANT: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____

SMALL CLAIMS DIVISION REQUEST FOR CONTINUANCE ORDER

REQUEST

Continuance of a hearing shall be granted only for the most serious of reasons.

I, the ☐ Plaintiff ☐ Defendant in this action, request a continuance because:

☐ Attached is proof of what I attest above (such as a doctor's note).

Date: _____ Signature: _____

ORDER

The Request for Continuance is hereby ☐ Denied ☐ Granted

☐ New court date below ☐ Court date will be mailed

New Court Date

Date: _____ Time: _____ ☐ AM ☐ PM

Date: _____
☐ Justice of the Peace ☐ Hearing Officer